2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# N05000003677

Entity Name: SPRING PINES WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2815 CROWN POINTE DR.
HAINES CITY, FL 33844

New Principal Place of Business:

2865 POND VIEW DR
HAINES CITY, FL 33844

Current Mailing Address:

2815 CROWN POINTE DR.
HAINES CITY, FL 33844

New Mailing Address:

2865 POND VIEW DR
HAINES CITY, FL 33844

FEI Number: 06-1763715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM D
2815 CROWN POINTE DR.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

SAURO, JEFFREY A
2865 POND VIEW DR
HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFFREY A. SAURO 01/19/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SAURO, JEFFREY A
Address: 2865 POND VIEW DR
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: BAKER, EARLE
Address: 2830 CROWN PT DR.
City-St-Zip: HANIES CITY, FL 33844

Title: S
Name: MCTEER, ROBIN
Address: 2847 POND VIEW DR.
City-St-Zip: HANIES CITY, FL 33844

Title: T
Name: SLINGO, KEITH
Address: 2833 CROWN POINTE DR.
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY A SAURO PRES 01/19/2011
Electronic Signature of Signing Officer or Director Date